

EXHIBIT B --CERTIFICATION INFORMATION

Stagecoach Heights

Affordable Housing Unit

Date

RESIDENCE

Name _____

Present Street Address _____

City _____ State _____ Zip Code _____

Telephone Home _____ Work _____

Social Security Number _____

Have you owned a home at any time in the past? _____

If yes, when did you most recently own one? _____

Name of present landlord _____ Phone _____

Address of present landlord _____

Length of time of residence _____

Has any member of the household lived in Hopkinton for 12 consecutive months within the past 5 years? Yes _____ No _____

Name of member _____

EMPLOYMENT

Is any member of the household a full-time employee of the Town of Hopkinton?

Name and Position? _____

Applicant - Occupation _____

Name of present employer _____

Business address _____

Business telephone _____

Length of employment _____

Annual wage/salary _____

Co-Applicant - Occupation _____

Name of present employer _____

Business address _____

Business telephone _____

Length of employment _____
Annual wage/salary _____
if either applicant or co-applicant (if any) have been employed for less than 2 years with the present employer please complete the following for your previous employment.

Name _____ Occupation _____
Name of Employer _____ Address _____
Telephone _____ Length of Employment _____
Annual Wage/Salary _____

INCOME (Please include income from all members of the household)

Annual Income

Source	Amount
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Employment Earnings	_____
Retirement	_____
Public Assistance	_____
Unemployment Compensation	_____
Social Security	_____
Pension/Disability	_____
Interest/Dividends	_____
Veterans Benefits	_____
Alimony/Child Support	_____
Deferred Compensation	_____
Other	_____

ASSETS

Bank _____ Address _____
Savings Account \$ _____ Account No. _____
Checking Account \$ _____ Account No. _____

Property owned _____ Address _____

Securities (stocks/bonds) _____
Annual dividends _____

I am aware that this information will be verified with the above named institutions.

HOUSEHOLD INFORMATION

Please list all those who will occupy this unit:

Name	Date of Birth	Sex	Social Security #	Relationship
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please complete the following section to determine eligibility under Minority Preference. Please check the appropriate columns. If no columns are checked non-minority status will be assumed.

	Applicant	Co-Applicant	Dependent
Black	_____	_____	_____
Hispanic	_____	_____	_____
Cape Verdean	_____	_____	_____
Asian/Pacific Islander	_____	_____	_____
Eskimo/Aleut	_____	_____	_____
American Indian	_____	_____	_____
White/Non-Minority	_____	_____	_____

Please mention any other information you feel should be included for the certification process, if any.

The undersigned applicants warrant and represent that all statements made herein are true and accurate. Your signature gives consent to the Certifying Agent to verify any and all information included in this application.

Applicant _____ Date _____

Co-Applicant _____ Date _____

Lot3-Certinfo